



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 01/01/09

To: 12/31/09

1. Committee I.D. Number

137802

4. Committee's Mailing Address

**32068 Margaret Court
Warren, MI 48093**

Area Code and Phone (586) 413-6868

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

**FEB - 4 REC'D
CARMELLA SABAGH
MACOMB COUNTY CLERK**

2. Committee Name

Macomb Business United

5. Treasurer's Name and Residential Address

**Gust Ghanam
32068 Margaret Court
Warren, MI 48093**

Area Code and Phone (586) 413-6868

6. Treasurer's Business Address

N/A

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

**Gust Ghanam
32068 Margaret Ct.
Warren, MI 48093**

Area Code and Phone (586) 413-6868

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8d. ☒ ANNUAL STATEMENT
(2009 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/We certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Gust Ghanam

Designated Record Keeper

Type or Print Name

Signature

Date

02/01/09



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

| RECEIPTS | | Column I This Period | Column II Cumulative for Calendar Year |
|--|-----------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8) | (3a.) \$ | <u>21,100.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>21,100.00</u> | (18.) \$ <u>21,100.00</u> |
| 4. Other Receipts (Schedule 2A-1, Column 6) | (4.) \$ | <u>0.00</u> | (19.) \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4) | (5.) \$ | <u>21,100.00</u> | (20.) \$ <u>21,100.00</u> |
| IN-KIND CONTRIBUTIONS | | | |
| 6. In-Kind Contributions | (6a.) \$ | <u>0.00</u> | |
| a. Itemized (Schedule 2-IK, Column 7) | (6b.) \$ | <u>NOT APPLICABLE</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | | | |
| 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) | (7.) \$ | <u>0.00</u> | (21.) \$ <u>0.00</u> |
| EXPENDITURES | | | |
| 8. Expenditures | (8a.) \$ | <u>7,002.24</u> | |
| a. Itemized Direct (Schedule 2B, Column 7) | (8b.) \$ | <u>0.00</u> | |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) | (8c.) \$ | <u>0.00</u> | |
| c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) | (8d.) \$ | <u>0.00</u> | |
| d. Unitemized (less than \$50.01 each - no Schedule) | (8e.) \$ | <u>7,002.24</u> | (22.) \$ <u>7,002.24</u> |
| e. Subtotal of Expenditures | (9.) \$ | <u>9,500.00</u> | (23.) \$ <u>9,500.00</u> |
| 9. Independent Expenditures (Schedule 2B-1, Column 7) | (10.) \$ | <u>16,502.24</u> | (24.) \$ <u>16,502.24</u> |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | | | |
| IN-KIND EXPENDITURES | | | |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) | (11.) \$ | <u>0.00</u> | (25.) \$ <u>0.00</u> |
| DEBTS AND OBLIGATIONS | | | |
| 12. Debts and Obligations | (12a.) \$ | <u>0.00</u> | |
| a. Owed by the Committee (Schedule 2E) | (12b.) \$ | <u>0.00</u> | |
| b. Owed to the Committee (Schedule 2E) | | | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>1,733.20</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) | (14.) + | <u>21,100.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = | <u>22,833.20</u> | |
| 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I) | (16.) - | <u>16,502.24</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>6,330.96</u> | * |

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|--|------------------|--|
| <p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>James Suprenant</u> <u>2156 Kewaunee Ct.</u> <u>Traverse City, MI 49686</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>My Lawyer</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| <p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/17/09</u> Name & Address: <u>Daly</u> <u>2121 Biddle Ave., Ste. 200</u> <u>Wyandotte, MI 48192</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Daly - Muritt Insurance</u> Business Address <u>2121 Biddle Ave., Ste. 200, Wyandotte, MI 48192</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| <p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>Scot E. MacQueen</u> <u>3173 Buckingham Ave.</u> <u>Berkly, MI 48072</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Sales rep.</u> Employer <u>Puquitz Agency Delta Dental</u> Business Address <u>29377 Hoover Rd. Warren, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| <p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>Susan Kerry</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Investor</u> Employer <u>ING</u> Business Address <u>12916 Stanley Dr. Warren, MI 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |

Page Subtotal \$2,000.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|--|--|------------------|--|
| <p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>09/17/09</u></p> <p>Name & Address:</p> <p><u>Peter W. Peacock</u> <u>10 South Main, Suite 400</u> <u>Mt. Clemens, MI 48043</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Plunkett Cooney</u></p> <p>Business Address <u>10 S. Main, Suite 400, Mt. Clemens, MI 48043</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>300.00</u> | \$ <u>300.00</u> |
| <p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>09/15/09</u></p> <p>Name & Address:</p> <p><u>Howard L. Shifman</u> <u>370 E. Maple, Ste. 230</u> <u>Birmingham, MI 48009</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Attorney</u> Employer <u>Law Offices of Howard L. Shifman, PC</u></p> <p>Business Address <u>370 E. Maple, Ste. 230, Birmingham</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |
| <p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>09/16/09</u></p> <p>Name & Address:</p> <p><u>Jessica D. Fanego</u> <u>39 Danforth St.</u> <u>White Lake, MI 48386</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| <p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES</p> <p>4. Date of Receipt <u>09/14/09</u></p> <p>Name & Address:</p> <p><u>Tom Miskell</u> <u>5016 Stonehenge Dr.</u> <u>Rochester, MI 48036</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>General Manager</u> Employer <u>Galeana's Van Dyke Dodge</u></p> <p>Business Address <u>28400 Van Dyke, Warren, MI 48093</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |

Page Subtotal \$1,550.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

| Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). | | 6. Amount | 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) |
|---|--|------------------|--|
| <p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>Derk Beckerleg</u> <u>2972 Greenbrooke Ln.</u> <u>West Bloomfield, MI 48324</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| <p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>Terry Welch</u> <u>25524 Afton St.</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>150.00</u> | \$ <u>150.00</u> |
| <p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/20/09</u> Name & Address: <u>James Riehl</u> <u>49446 Goulette Pte.</u> <u>New Baltimore, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Auto sales</u> Employer <u>Friendly Automotive</u> Business Address <u>32899 Van Dyke, Warren, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>250.00</u> | \$ <u>250.00</u> |
| <p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/09</u> Name & Address: <u>William Jarvis</u> <u>41800 Executive Drive</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Jarvis</u> Business Address <u>41800 Executive Drive, Harrison Twp., MI 48045</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p> | | \$ <u>500.00</u> | \$ <u>500.00</u> |

Page Subtotal \$1,050.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/17/09

Name & Address:

Mark Mueller
29350 Jefferson Ave.
St. Clair Shores, MI 48081

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer Self employed

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/16/09

Name & Address:

Scott G. Sobczyk
28 W. Adams Ave. Ste. 300
Detroit, MI 48226

\$ 500.00

\$ 500.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer LMR & Associates

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/16/09

Name & Address:

Dennis Morier
28 W. Adams, Ste. 300
Detroit, MI 48226

\$ 500.00

\$ 500.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer LMR & Associates

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/16/09

Name & Address:

Bruce Griffith
6200 E. 11 Mile Road
Warren, MI 48091

\$ 500.0

\$ 500.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer Body by Bruce; B&B Towing

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$2,000.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☒ YES

4. Date of Receipt 09/17/09

Name & Address:

G.L.M. Political Action Committee

\$ 3000.00

\$ 3000.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 09/18/09

Name & Address:

Rob Huth

19500 Hall Road, Suite 100

Clinton Township, MI 48038

\$ 500.00

\$ 500.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer Kirk & Huth

Business Address 19500 Hall Rd, Ste 100, Clinton twp, MI 48038

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 9/18/09

Name & Address:

Robert Kirk

19500 Hall Road, Suite 100

Clinton Township, MI 48038

\$ 500.00

\$ 500.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation Attorney Employer Kirk & Huth

Business Address 19500 Hall Rd, Ste 100, Clinton twp, MI 48038

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 12/31/09

Name & Address:

Commanders Majority Fund

42479 Redfern Dr.

Canton, MI 48187

\$ 10,000.00

\$ 10,000.00

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

14,000.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

2. Committee Name Macomb Business United

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 10/01/09

Name & Address:

Lenteni Mortgage Investment Fund Co.
29377 Hoover Road
Warren, MI 48093

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address 29377 Hoover Road, Warren, MI 48093

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

500.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

21,100.00

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **137802**

Macomb Business United

2. Committee Name _____

| 3. Name and address of person or vendor to whom the expenditure was made | 5. Candidate or Ballot Question Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|--|--|--|--------------------|--|
| Expenditure #1 Name & Address: Main Street Strategies 530 W. Ionia Street-Suite C Lansing, MI 48933 | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction County | 12/31/09 Date | \$ 2,800.00 | \$ 2,800.00 |
| 4. Purpose: <u>Consulting</u> | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| <input checked="" type="checkbox"/> Fund Raiser | | | | |
| Expenditure #2 Name & Address: Warren Post Office Warren, MI | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction County | 10/28/09 Date | \$ 330.00 | \$ 330.00 |
| 4. Purpose: <u>Stamps</u> | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| <input checked="" type="checkbox"/> Fund Raiser | | | | |
| Expenditure #3 Name & Address: Cranks Catering 27900 Hoover Warren, MI 48093 | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction County | 11/04/09 Date | \$ 750.00 | \$ 750.00 |
| 4. Purpose: <u>Catering</u> | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| <input checked="" type="checkbox"/> Fund Raiser | | | | |
| Expenditure #4 Name & Address: White House Wedding Chapel 4860 E. 13 Mile Road Warren, MI 48092 | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction County | 11/04/09 Date | \$ 1,250.00 | \$ 1250.00 |
| 4. Purpose: <u>fund raiser venue</u> | <input type="checkbox"/> Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| <input checked="" type="checkbox"/> Fund Raiser | | | | |

Subtotal this page **\$5,130.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 137802

Macomb Business United

2. Committee Name _____

| 3. Name and address of person or vendor to whom the expenditure was made | 5. Candidate or Ballot Question Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|---|--|-------------------------|--------------------|---|
| Expenditure #1 Name & Address: REM Printing Co. 10631 Harper Ave. Detroit, MI 48213 4. Purpose: <u>Tickets</u> <input checked="" type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | <u>11/19/09</u> Date | <u>\$ 235.50</u> | <u>\$ 235.50</u> Click Here for Memo Itemization Type |
| Expenditure #2 Name & Address: Triangle Printing 30520 Gratiot Ave. Roseville, MI 48066 4. Purpose: <u>Tickets & Envelopes</u> <input checked="" type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | <u>10/26/09</u> Date | <u>\$ 1,636.74</u> | <u>\$ 1636.74</u> Click Here for Memo Itemization Type |
| Expenditure #3 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | _____ Date | \$ _____ | _____ Click Here for Memo Itemization Type |
| Expenditure #4 Name & Address: 4. Purpose: _____ <input type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | _____ Date | \$ _____ | _____ Click Here for Memo Itemization Type |

Subtotal this page

1,872.24

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

7,002.24

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 2B-1
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.

| 3. Name and address of person or vendor paid | 5. Candidate or Ballot Proposal Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|--|---|--------------------------------------|--------------------------|--|
| Expenditure #1 Name & Address: Mike Cox | 5. Mike Cox Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County | 12/30/09 Date | \$ 9500.00 \$ 9500.00 | |
| 4. Purpose: Contribution Support: <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> | <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| Expenditure #2 Name & Address: | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County | _____ Date | \$ _____ \$ _____ | |
| 4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/> | <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |
| Expenditure #3 Name & Address: | 5. _____ Name of Candidate Office Sought & District # or Jurisdiction Ballot Proposal County | _____ Date | \$ _____ \$ _____ | |
| 4. Purpose: _____ Support: <input type="checkbox"/> Oppose <input type="checkbox"/> | <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | Click Here for Memo Itemization Type | | |

Subtotal this page

\$9,500.00

Grand Total of all Schedules 2B-1
(Complete on last page of Schedule)

\$9,500.00

Enter this total
on line 9 of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 137802
2. Committee Name Macomb Business United

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|--|--|
| 3. Date Event Was Held <u>11/04/09</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u> | 5. Type of Fund Raising Activity <u>Fundraiser for Mike Cox</u> | 6. Address and Name (If any) of the place where the activity was held <u>White House Wedding Chapel 4860 E. 13 Mile Rd. Warren, MI 48092</u> <input type="checkbox"/> Private Residence |
|---|---|--|--|

7. Total Contributions \$1,450.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$1,450.00

10. Total Cost of Event \$3,158.50

*Includes In-Kind Contributions and All
Expenditures Made For the Event

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|---------------------------|--------------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.